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**To: USPTO – Refunds ATTN: LATRICE SIMS****From: Alicia Dylewski****Fax: (571) 273-6500****Pages: ONE (1) + Coversheet****Phone:****Date: October 18, 2006****Re: Deposit Account No. 18-0013 Application No. 10/697,254 Docket 80380-0026****Charged 10/03/2006** **Urgent     For Review     Please Comment     Please Reply     Please Recycle**

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Attached please find a copy of your 10/3/2006 statement with a \$120.00 charge for code 1251 - "One month extension". As you can see from our filing documents, we had requested a three month extension, but instead was charged for a one month. Our Deposit Account was charged \$120.00 in error, on 10/3/2006. Pursuant to the filing documents attached, we believe we should not have been charged this error. Please issue a refund by crediting account no. 18-0013 and charge us the correct amount for a three month extension of ~~\$1,020.00~~. Thank you in advance for your attention to this matter. If you have any questions or comments, please contact me. Thank you!

Alicia Dylewski, Billing Coordinator  
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PAGE 1/3 \*RCVD AT 10/18/2006 11:57:34 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/11 \* DNIS:2736500 \* CSID:2029555771 \* DURATION (mm:ss):01:24

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PTO/SB/17 (07-08)

Approved for use through 01/31/2007. OMB 0451-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).</b> <b>Fee TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete If Known</b>	
		Application Number	10/697,254-Conf. #9922
		Filing Date	October 31, 2003
		First Named Inventor	Yoichi HOSHINO
		Examiner Name	Trinari Yong Harper
		Art Unit	3714
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Attorney Docket No.	SHO-0026
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(S) 1,020.00</b>	

**METHOD OF PAYMENT** (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_  
 Deposit Account   Deposit Account Number: 18-0013   Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
 Charge fee(s) indicated below    Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    Credit any overpayments

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
7	-28	x	=	Fee (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
2	-4	x	=		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

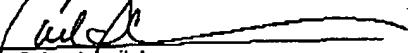
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100-	/50	(round up to a whole number) x		Fee Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge): 1253 Extension for response within third month

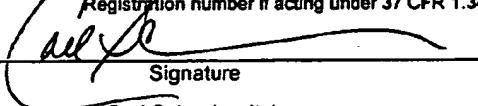
1,020.00

SUBMITTED BY	<i>Carl Schaukowitch</i>	Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955-3750
Signature				Date	October 2, 2006
Name (Print/Type)	Carl Schaukowitch				

AMENDMENT TRANSMITTAL LETTER				Docket No. SHO-0026
Application No. 10/697,254-Conf. #9922	Filing Date October 31, 2003	Examiner Tramar Yong Harper	Art Unit 3714	
Applicant(s): Yoichi HOSHINO et al.				
Invention: GAMING MACHINE				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	7	- 6 -		x
Independent Claims	2	- 1 -		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within third month				1,020.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 1,020.00				
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 18-0013 in the amount of \$ 1,020.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 18-0013 as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Dated: October 2, 2006				
 Carl Schaukowitch Attorney/Agent Reg. No.: 29,211				
RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036 (202) 955-3750				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).)		Docket Number (Optional)  SHO-0026
Application Number	10/697,254-Conf. #9922	Filed  October 31, 2003
For <b>GAMING MACHINE</b>		
Art Unit  3714	Examiner  Tramar Yong Harper	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-0013</u> . I have enclosed a duplicate copy of this sheet.		
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,211</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
 Signature		<u>October 2, 2006</u> Date
Carl Schaukowitch Typed or printed name		(202) 955-3750 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/>	Total of <u>1</u> form is submitted.	10/03/2006 MAHMED1 00000096 180013 01 FC:1251 120.00 M
		18697254

Adjustment date: 11/01/2006 SDIRETA1  
 10/03/2006 MAHMED1 00000096 180013 10697254  
 01 FC:1251 120.00 CR

11/01/2006 SDIRETA1 00000002 180013 10697254  
 01 FC:1253 1020.00 DA



Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

**Effective on 12/08/2004.  
Fee pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).**

## **FEE TRANSMITTAL For FY 2005**

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3714
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$) 1,020.00</b>	Attorney Docket No.

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 18-0013	Deposit Account Name: Rader, Fishman & Grauer PLLC		

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

**Small Entity**

**Fee (\$)**

**Fee (\$)**

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
7	- 26 =	x	=			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
2	- 4 =	x	=		

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**3. APPLICATION SIZE FEE**

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	29,211	Telephone	(202) 955-3750
Name (Print/Type)	Carl Schaukowitch		Date	October 2, 2006	